

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15036

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City K.C. 2nd (No. 1322 Wyandotte)

Registration District No. 399  
 Primary Registration District No. 1002

File No. \_\_\_\_\_  
 Registered No. 1903  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 1322 Wyandotte Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5, 1886

7. AGE YEARS 40 MONTHS 8 DAYS 1 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Labourer <sup>23K</sup>  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Mrs Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hattie Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo.  
 (STATE OR COUNTRY)

14. INFORMANT Char Berry  
 (Address) 1322 Wyandotte

15. FILED May 10 27 1927 M.M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1927

17. I HEREBY CERTIFY That I attended deceased from May 5<sup>th</sup> 1927, to May 5<sup>th</sup> 1927, that I last saw him alive on May 5<sup>th</sup> 1927, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
31 (duration) Saint Louis yrs. mos. ds.  
 CONTRIBUTORY Pulmonary Haemorrhage  
 (SECONDARY)  
About 24 hrs (duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_

(Signed) J. P. White, M. D.

5/7, 1927 (Address) K.C. Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hughland Cem DATE OF BURIAL 5-9 1927

20. UNDERTAKER Watkins Bros ADDRESS 1729 Lydia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

